

**Congressman Lincoln Davis  
Privacy Authorization Release Form**

**Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**County:** \_\_\_\_\_

**Phone(1):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone(2):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Tracking Numbers (VA Identification, CSA Number, IRS Number, INS Number):**

\_\_\_\_\_

**Brief Description of Problem/Concern:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As required by Public Law 93-579, "Privacy Act", I hereby request and authorize Congressman Lincoln Davis and his staff to make any necessary inquiry and/or intercession on my behalf in connection with any matter I have pending with the following agency or program. I also authorize officials associated with the listed agency or program to release any relevant or necessary information to Congressman Lincoln Davis and members of his official staff.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Mail To:**

<b>Jamestown Office</b>	<b>Rockwood Office</b>	<b>Columbia Office</b>	<b>McMinnville Office</b>
P.O. Box 964 Jamestown, TN 38556	P.O. Box 88 Rockwood, TN 37854	1804 Carmack Blvd, Suite A Columbia, TN 38401	477 North Chancery, Suite A-1 McMinnville, TN 37110
Fentress, Pickett, Scott, Morgan, Cumberland, White	Campbell, Roane	Giles, Hickman, Lewis, Lawrence, Lincoln, Maury, Moore, Williamson	Bledsoe, Coffee, Grundy, Franklin, Marion, Sequatchie, Van Buren, Warren